

# Family Child Care Licensing Inspection Full Report

All licensed child care programs are inspected at least once each year. Non-compliances are documented and grouped as Serious, Moderate or Low risk violations. Documenting statements and supplemental information may be included in this report. Licensing inspection reports from the previous three years can be viewed on the child care website at <a href="http://jfs.ohio.gov/CDC/childcare.stm">http://jfs.ohio.gov/CDC/childcare.stm</a>. This includes complaint investigation reports with substantiated allegations. For any other child care records, please contact the Child Care Help Desk at 1-877-302-2347, option 4.

| Program Details    |                |                   |
|--------------------|----------------|-------------------|
| Program Name       | Program Number | Program Type      |
| JONES, MALISSA     | 00000924810066 | FCC - Type B Home |
| Address            |                | County            |
| 2136 HIGHLAND AVE. |                | HAMILTON          |
|                    |                |                   |
| CINCINNATI         |                |                   |
| OH 45219           |                |                   |

|                     | Inspection Information         |                  |                   |              |  |
|---------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type     | Inspection So                  | соре             | Inspection Notice |              |  |
| Compliance          | Full                           |                  | Announced         |              |  |
| Inspection Date     | Begin Time                     |                  | End Time          |              |  |
| 07/13/2022          | 10:05 AM                       |                  | 10:50 AM          |              |  |
| Reviewer:           |                                |                  |                   |              |  |
| Jacob Downard       |                                |                  |                   |              |  |
| Summary of Findings |                                |                  |                   |              |  |
| No. Rules Verified  | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 68                  | 1                              | 0                | 1                 | 1            |  |

| License Capacity and Enrollment at the Time of Inspection |                  |            |           |       |
|---|------------------|------------|-----------|-------|
| Age Group   | License Capacity | Enrollment |           |       |
|   | Totals           | Full Time  | Part Time | Total |
| Infant ( Birth to < 18 m)                                 |                  | 1          | 0         | 1     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       | 3                | 1          | 0         | 1     |
| Older Toddler   |                  | 1          | 0         | 1     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 1          | 0         | 1     |
| Total Capacity/Enrollment                                 | 6                | 2          | 0         | 3     |

| Staff-Child Ratios at the Time of Inspection |                 |        |  |
|--|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment |                 |        |  |
| 7/13/2022                                    | Mixed Age Group | 1 to 3 |  |



#### **Summary of Non-Compliances**

If the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited. Ohio Administrative Code 5101: 2-13-03 details the process for submitting a request for a review if a program disagrees with a licensing finding. The request for review must be submitted within seven days from the receipt of the licensing report.

## Serious Risk Non-Compliances

No Serious Risk Non-Compliances were observed during this inspection

## **Moderate Risk Non-Compliances**

#### Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to refrain from using and storing potentially hazardous items, toxic substances, and outdoor machinery around children.

Findings: During the inspection, a potentially hazardous item or toxic substance was used or stored where children present had access to it as noted in number 2 below. The potentially hazardous substance or item that posed a risk to children was determined to be accessible to children in the bathroom.

- 1. Bleach.
- 2. Cleaning agent.
- 3. Fish tank chemicals.
- 4. Gasoline.
- 5. Pesticide.
- 6. Poison, including insect/rodent poison.
- 7. Flammable substance.
- 8. Windshield washer fluid.
- 9. Aerosol cans.
- 10. A lawn mower.
- 11. A weed trimmer.
- 12. Hedge trimmers.
- 13. A snow blower.
- 14. Other potentially hazardous substance, equipment or machinery: [].



Provide staff training. Submit the program's corrective action plan, which includes a statement that the potentially hazardous substance or item is no longer accessible to children and/or children will not be outside when machinery is in use and a statement that training was provided, to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 08/13/2022

## Low Risk Non-Compliances

### Domain: 02 Safe & Sanitary Environment

Rule: 5101:2-13-12 Safe Environment

Code: The program is required to have all outlets and surge protectors covered.

Findings: During the inspection, it was determined that surge protectors or outlets did not have childproof receptacle covers. Correct the violation and submit the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 08/13/2022

## Rules In-Compliance/Not Verified

| Compliant |   |
|-----------|---|
|           |   |
|           |   |
|           |   |
| Status    | Documenting Statement(s), If applicable |
| Compliant |   |
|           |   |
|           |   |
|           | Status                                  |



| Rule                                      | Status              | Documenting Statement(s), If applicable |
|---|---------------------|---|
| 5101:2-13-02 Change of Location           | Compliant           |   |
|   |                     |   |
|   |                     |   |
| Dula                                      | Chabus              |   |
| Rule<br>5101:2-13-02 Information in OCLQS | Status<br>Compliant | Documenting Statement(s), If applicable |
| 5101:2-13-02 information in OCLQS         | Compliant           |   |
|   |                     |   |
|   | 1                   |   |
| Rule                                      | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-02 Provider Medical             | Compliant           |   |
|   |                     |   |
|   |                     |   |
|   |                     |   |
| Rule                                      | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-03 Inspection                   | Compliant           |   |
| Requirements                              |                     |   |
|   | J                   |   |
| Rule                                      | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-04 Building Requirements        | Compliant           |   |
| for Type B Homes                          |                     |   |
|   |                     |   |
|   |                     |   |
| Rule                                      | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-04 Fire Safety for Type B       | Compliant           |   |
| Homes                                     |                     |   |
|   |                     |   |
| Rule                                      | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-04 Flammable and                | Compliant           |   |
| Combustible Materials in a Type B         |                     |   |
| Home                                      |                     |   |
|   | •                   |   |
| Rule                                      | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-04 Heaters in a Type B          | Compliant           |   |
| Home                                      |                     |   |
|   |                     |   |
|   | <u> </u>            |   |
| Rule                                      | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-07 Staff Records                | Compliant           |   |
|   |                     |   |
|   | J                   | 1                                       |
| Rule                                      | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-07 Type B Provider - Foster     | Compliant           |   |
| Parent                                    |                     |   |
|   |                     |   |
|   |                     |   |
| Rule                                      | Status              | Documenting Statement(s), If applicable |
|   |                     |   |



| 5101:2-13-08 Employee Requirements            | Compliant           |   |
|---|---------------------|---|
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-08 Child Care Staff<br>Requirements | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-08 Whistle Blower                   | Compliant           |   |
| Rule  | Status              | Decumenting Statement(c) If applicable  |
| 5101:2-13-09 Background Checks                | Compliant           | Documenting Statement(s), If applicable |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-10 Health Training                  | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-10 Professional<br>Development      | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Outdoor Space                    | Compliant           |   |
|   |                     |   |
| Rule<br>5101:2-13-11 Outdoor Equipment        | Status<br>Compliant | Documenting Statement(s), If applicable |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-11 Fall Zone                        | Compliant           |   |
| Rule  | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-12 Safe Equipment                   | Compliant           | Documenting statement(s), if applicable |
| Rule  | Status              | Documenting Statement(s), If applicable |



| 5101:2-13-13 Clean environment and equipment                   | Compliant |   |
|--|-----------|---|
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Handwashing                                       | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Smoke Free  | Compliant |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-13 Toothbrushing                                     | Compliant |   |
| 5101.2-13-13 TOOLIDI USININg                                   | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Requirements for Field                            | Compliant |   |
| and Routine Trips  |           |   |
| Rule   | Ctature   | Desumenting Statement(s) If applicable  |
|  | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Ratio and Supervision for Field and Routine Trips | Compliant |   |
| Rule   | Status    | Documenting Statement(c) If applicable  |
| 5101:2-13-14 Driver Requirements                               |           | Documenting Statement(s), If applicable |
| 5101.2-15-14 Driver Requirements                               | Compliant |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Inspections                               | Compliant |   |
|  | I         |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-14 Vehicle Requirements                              | Compliant |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
|  |           | bocumenting statement(s), if applicable |
| 5101:2-13-15 Child Medical and<br>Enrollment Records           | Compliant |   |
|  |           |   |
| Rule   | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-15 Health Conditions                                 | Compliant |   |



| Rule                                 | Status    | Documenting Statement(s), If applicable |
|--------------------------------------|-----------|---|
| 5101:2-13-15 Child Records Retention | Compliant |   |
| and Confidentiality                  |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Medical, Dental, and    | Compliant |   |
| General Emergency Plan               |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
|                                      |           |   |
| 5101:2-13-16 Emergency Drills        | Compliant |   |
|                                      |           |   |
|                                      | 1         |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 First Aid Kit/Standard  | Compliant |   |
| Precautions                          |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Communicable Diseases   | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-16 Incident/Injury         | Compliant |   |
|                                      | compliant |   |
|                                      |           |   |
|                                      | 1         |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
|                                      |           |   |
| 5101:2-13-16 Disaster Plan           | Compliant |   |
|                                      |           |   |
|                                      | 1         |   |
| Dula                                 | Status    |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-18 Attendance              | Compliant |   |
|                                      |           |   |
|                                      | 1         |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 Supervision             | Compliant |   |
|                                      |           |   |
|                                      |           |   |
|                                      |           |   |
| Rule                                 | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-19 School Age Supervision  | Compliant |   |
|                                      |           |   |
|                                      |           |   |



| Rule                                | Status              | Documenting Statement(s), If applicable |
|-------------------------------------|---------------------|---|
| 5101:2-13-19 Child Guidance         | Compliant           |   |
|                                     |                     |   |
|                                     |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-20 Sleep and Nap          | Compliant           |   |
| Requirements                        |                     |   |
|                                     |                     |   |
|                                     | 1 -                 |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-20 Crib and Playpen       | Compliant           |   |
| Requirements                        |                     |   |
|                                     |                     |   |
| Pulo                                | Status              | Decumenting Statement(s) If annliable   |
| Rule                                | Status<br>Compliant | Documenting Statement(s), If applicable |
| 5101:2-13-21 Evening and Overnight  | Compliant           |   |
| Care                                |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-21 Sanitary Environment   | Compliant           | Documenting statement(s), it applicable |
| -                                   | Compliant           |   |
| and Hygiene                         |                     |   |
|                                     | ł                   |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-22 Meals and Snacks       | Compliant           |   |
|                                     |                     |   |
|                                     |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-22 Fluid Milk             | Compliant           |   |
|                                     |                     |   |
|                                     |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-22 Food Handling          | Compliant           |   |
|                                     |                     |   |
|                                     |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Daily Care      | Compliant           |   |
|                                     |                     |   |
|                                     |                     |   |
|                                     |                     |   |
| Rule                                | Status              | Documenting Statement(s), If applicable |
| 5101:2-13-23 Infant Bottle and Food | Compliant           |   |
| Preparation                         |                     |   |
|                                     |                     |   |



| Rule                                   | Status              | Documenting Statement(s), If applicable    |
|--|---------------------|--|
| 5101:2-13-23 Diapering                 | Compliant           |  |
|  |                     |  |
|  |                     |  |
|  |                     |  |
| Rule                                   | Status              | Documenting Statement(s), If applicable    |
| 5101:2-13-24 Parent Permission for     | Compliant           |  |
| Swimming                               |                     |  |
|  |                     |  |
| Dula                                   | Chatura             | Desum anting Statem ant/s) If any line his |
| Rule                                   | Status              | Documenting Statement(s), If applicable    |
| 5101:2-13-25 Medication                | Compliant           |  |
| Requirements                           |                     |  |
|  |                     |  |
| Rule                                   | Status              | Documenting Statement(s), If applicable    |
| 5101:2-13-07 Provider Responsibilities | Compliant           |  |
|  |                     |  |
|  |                     |  |
|  |                     |  |
| Rule                                   | Status              | Documenting Statement(s), If applicable    |
| 5101:2-13-18 Group Size and Ratios     | Compliant           |  |
|  |                     |  |
|  |                     |  |
|  |                     |  |
| Rule                                   | Status              | Documenting Statement(s), If applicable    |
| 5101:2-13 Written Policies and         | Compliant           |  |
| Procedures                             |                     |  |
|  |                     |  |
| Rule                                   | Status              | Documenting Statement(s), If applicable    |
| 5101:2-13-12 Carbon Monoxide           | Compliant           |  |
| Detectors - Type B Only                |                     |  |
| ,, ,                                   |                     |  |
|  |                     |  |
| Rule                                   | Status              | Documenting Statement(s), If applicable    |
| 5101:2-13-11 Indoor Space              | Compliant           |  |
|  |                     |  |
| [                                      |                     |  |
| Pulo                                   | Status              | Decumenting Statement(s) If applicable     |
| Rule                                   | Status<br>Compliant | Documenting Statement(s), If applicable    |
| 5101:2-13-17 Programming               | Compliant           |  |
|  |                     |  |
| L                                      | 1                   | 1]   |
| Rule                                   | Status              | Documenting Statement(s), If applicable    |
| 5101:2-13-24 On-site Pools             | Compliant           |  |
|  |                     |  |
|  |                     |  |
|  |                     |  |
|  |                     |  |



Department of Education Department of Job and Family Services

| Rule                        | Status    | Documenting Statement(s), If applicable |
|-----------------------------|-----------|---|
| 5101:2-13-12 Pets           | Compliant |   |
|                             |           |   |
|                             |           |   |
|                             |           |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-24 Swimming Sites | Compliant |   |
|                             |           |   |
|                             |           |   |
|                             |           |   |
| Rule                        | Status    | Documenting Statement(s), If applicable |
| 5101:2-13-17 Materials and  | Compliant |   |
| Equipment                   |           |   |
|                             |           |   |
|                             |           |   |
|                             |           |   |